

Today's Date (include month, day, and year)

Your Name Street Address City, State, Zip Code Daytime telephone number

Name of Principal Name of School Street Address City, State, Zip Code

Dear (Principal's name),

My name is (name) and my child, (child's name), is in (__) grade in (name of teacher)'s class at (name of school).

I am writing to you about my child's struggles in school. I have spoken with (name of teacher) about my concerns. (Provide a brief explanation of your concerns, what you and the teacher spoke about, and the date or dates on which you spoke.)

I know there is a process to follow in order to request a referral for evaluation for special education services. I would like to know more about how that works.

Can you please send me information about the referral process and about how I can initiate a referral for evaluation?

Thank you for your assistance. Should you have any questions, I can be reached at (give your phone number). I look forward to hearing from you.

Sincerely,

Your name

Copy sent to:

--your child's teacher

--your child's education record

*Adapted from The Everything Parent's Guide to Special Education (Adams Media, 2014)